

DIVISION OF EMERGENCY MEDICAL SERVICES & HIGHWAY SAFETY
TRANSPORT AMBULANCE PROVIDER INITIAL EMS SYSTEM APPLICATION
(Not for non-transport or First Responder provider applications)

SYSTEM NAME:	SYSTEM NUMBER:	
HOSPITAL NAME:	CITY:	
ADDRESS:	ZIP:	
CONTACT NAME: (EMSMD or EMSC)	PHONE:	FAX:
PROVIDER NAME:	CITY:	
ADDRESS:	ZIP:	FAX:
CONTACT NAME:	PHONE:	FAX:
PROVIDER LICENSE #:		

INITIAL APPLICATION AS A TRANSPORT PROVIDER AT THE FOLLOWING LEVEL:

BLS BLS/D JLS JALS LEVEL

INSTRUCTIONS

1. For transport provider to join an EMS System, complete the attached form. All requested information must be attached to the application. Incomplete applications will be returned to the EMS System.
2. All applications must be signed by the EMS System Medical Director and Provider.
3. For applications for levels of care above the basic (BLS) level, attach copies of the EMS Systems approved drug/medication list(if applicable); and equipment list indicating item, description and quantity carried on each vehicle and for each level of care.
4. SUBMIT TWO COPIES, THREE-HOLE PUNCHED, TO THE REGIONAL EMS COORDINATOR.

Note: Except for the first year after initial approval, each provider is expected to provide service at its highest level of care 24 hour a day, each day of the year. Staffing "when staff available" is inappropriate. Vehicles not meeting this requirement within one year of approval must request a staffing waiver from the Division.

- 4) Attach map(s) indicating Primary, Secondary, Outlying response areas and vehicle garage locations.
(Do not use colored markers - they do not photocopy)

Population of response area is _____; Response area is _____-sq. miles

- 5) We commit to optimum response times of not more than 6 minutes in our primary coverage area; 6 to 15 minutes in our secondary coverage area and 15 to 20 minutes in our outlying area.
- 6) We commit to provide 24-hour, seven-day-a-week coverage at our highest level of care.
- 7) We commit that within one year following approval, each ambulance will be staffed as required. Requirements are:
- Each BLS or BLS/D ambulance shall be staffed with a minimum of two EMTs, pre-hospital RNs or Physicians on all emergency calls;
- Each ILS ambulance shall be staffed with a minimum of one EMT-I, Pre-hospital RN or Physician; and one other EMT, Pre-hospital RN or Physician on all emergency calls;
- Each ALS ambulance shall be staffed with a minimum of one EMT-P, Pre-hospital RN or Physician; and one other EMT, Pre-hospital RN or Physician on all emergency calls.
- 8) Attach copies of current ambulance Mutual Aid Agreements or describe how coverage will be ensured when an ambulance is responding to a call and a simultaneous call is received for service within that vehicle's coverage area.
- 9) We agree that emergency services which an EMS vehicle is authorized to provide shall not be denied on the basis of the patient's ability to pay for such services.
- 10) We agree to file an appropriate EMS run sheet for each emergency call, as required by the EMS System.
- 11) We agree to maintain the required equipment in working order at all times, and to carry the medications and equipment required by the EMS System.
- 12) We agree to notify the EMS Medical Director of any changes in personnel providing pre-hospital care in the EMS System in accordance with the policies in the EMS System manual.
- 13) Attach copies of your current FCC licenses for the EMRS channels (MED 1-10; 155.340mc; 155.400mc; 155.160mc) OR a signed FCC application. Cellular telephone is acceptable with the permission of the Resource Hospital, but must be backed up with MERCI radio.
- 14) Describe below the mechanism and specific procedures used to dispatch EMS vehicles within their respective response areas.
- 15) Describe below the method of consumer access to request ambulance service. (How does the consumer request an ambulance?)

- 16) Attach a current list of all personnel providing pre-hospital care including: their names; license numbers; license expiration date and level of license.
- 17) We agree to allow the Department access to all records, equipment and vehicles relating to the EMS System during any Department inspection, investigation or site survey.
- 18) We agree to allow the EMS Medical Director or their designee access to all records, equipment and vehicles relating to the EMS System during any inspection or investigation by the EMSMD or their designee to determine compliance with the EMS System program plan.
- 18) Documentation that each EMS vehicle participating in the EMS System complies with the vehicle design, equipment and extrication criteria. (A copy of your IDPH ambulance vehicle license will document the requirement)
- 19) We agree to follow the approved EMS policies and protocols of the EMS System.

Provider Signature:

Date:

Title:

Notes or comments:

EMS SYSTEM APPROVAL:

I have reviewed this application and verify this licensee meets the equipment and staffing requirements of the EMS Systems Act and our EMS System Plan for the requested level of care and recommend approval:

EMS Medical Director Signature

Date:

REMSC REVIEW AND RECOMMENDATION:

Approve

Deny

Discuss with me

Initial/Date:

REMSC Notes or comments: